

Maryland Health Quality and Cost Council Cultural Competency Workgroup

Meeting Summary

November 29, 2012
2:00pm-4:00pm

1. Welcome and Introduction

- Mr. Marcos Pesquera introduced the Workgroup Chairs and led self-introductions of the Workgroup members
- Dr. Carlessia Hussein introduced the State staff and staff support groups for the workgroup and issued a call for additional participants who are interested in joining the staff support group.
- The staff support group is composed of individuals from DHMH Office of Minority Health and Health Disparities, Maryland Health Care Commission, Greater Washington Society of Clinical Social Work, Johns Hopkins University, Morgan State University, and University of Maryland.

2. Background on Maryland Health Quality and Cost Council (MHQCC)

- Mr. Ben Steffen and Mr. Marcos Pesquera introduced the work of MHQCC in regard to cultural competency, and the role of the workgroup.

3. Maryland Health Improvement and Disparities Reduction Act of 2012 Overview

- Dr. Carlessia Hussein briefly summarized the major provisions of the Act.

4. Charge to MHQCC Cultural Competency Workgroup

- Dr. Lisa Cooper and Mr. Marcos Pesquera led the discussions on each charge and each action step of the respective charges. A summary of comments and recommendations from the Workgroup members is listed below:
- Charge #1:
 - The definition of cultural competency should be clarified.
 - Need to define who/what entities will be the focus of “tiering” and what is the expected result.
 - The action steps should evenly focus on two sides of cultural competency: interpersonal training and organization training.
 - Linguistic competency and religious competency perspectives should be included in the workplan actions steps.
 - In Action Step 1, include accreditation standards developed by health profession associations as a means of focusing on interpersonal cultural competency standards.

- Charge #2:
 - The Workgroup should identify some evidence-based evaluations of cultural competency standards in healthcare settings in order to advise the final recommendations.
 - Need to address the question of whether the cultural competency assessment should be a separate assessment, or combined with some other more general assessments that are already in place (creating a multifaceted assessment tool).
 - Recommendations should take into consideration solo health practitioners and the potential burden of reporting requirements.
 - Maryland potentially could be a national model because not a lot is going on in other states regarding charge #2.
 - With the impending expansion of Medicaid, we need to identify what incentivizes health practices/practitioners to accept Medicaid patients.
 - Use the final recommendations developed under charge #2 to develop principles that could be adopted by the Health Benefit Exchange.
- Charge #3:
 - Identify and review the existing work in other states relating to continuing education in cultural competency.
 - Need to implement mandatory trainings for health professionals.
 - Require continuing education credits for professionals to renew their licenses.
 - Work with health professional associations and health occupations boards to provide continuing education trainings in a very effective and sustainable way.
 - Reach out to the Governor's Ethnic Commissions as a resource for continuing education about various racial and ethnic communities.
 - Involve solo health practitioners to work on this charge.

5. Next steps:

- MHHD will send to Workgroup members:
 - Current race/ethnicity population data.
 - Electronic copies of meeting handouts.
- MHHD will create a system for sharing information among the Workgroup members.
- **Each Workgroup member should inform Monica McCann of the workplan charge(s) that he or she wishes to focus on by December 10th.**
- **Comments and feedback on the workplan should also be sent to Monica McCann by December 10th at: monica.mccann@maryland.gov.**
- The next meeting will be held in January 2013.